

STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

97-021

INSTRUCTIONS

1. The preparing activity must complete blocks 1,2, 3, and 8. In block 1, both the document number and revision letter should be given.
2. The submitter of this form must complete blocks 4, 5, 6, and 7.
3. The preparing activity must provide a reply within 30 days from receipt of the form.

NOTE: This form may not be used to request copies of documents, nor to request waivers, or clarification of requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

I RECOMMEND A CHANGE:

1. DOCUMENT NUMBER

MIL-STD-2500A

2. DOCUMENT DATE (YYMMDD)

941012

3. DOCUMENT TITLE

National Imagery Transmission Format (Version 2.0)

4. NATURE OF CHANGE (Identify paragraph number and include proposed rewrite, if possible. Attach extra sheets as needed.)

Page 59 Table A-1. NITF file header:

Change ONAME field, SIZE column 3 from "27" to "24"

Add a new field between ENCRYP and ONAME:

FIELD: FBKGC

NAME: File Background Color. This field shall contain the three color components of the file background in the order Red, Green, Blue. Where (0x00, 0x00, 0x00) is black and (0xFF, 0xFF, 0xFF) is white.

SIZE: 3

VALUE

RANGE: Unsigned binary integer (0x00-0xFF, 0x00-0xFF, 0x00-0xFF) (Default is Not Applicable.)

TYPE: R

5. REASON FOR RECOMMENDATION

Allow printing without using a CGM rectangle to overcome an NITF incompatibility with Postscript. Because no background color is specified if a system sends CGM, not on an image, the same color as the receiving system's background color, the annotation is lost into the background.

6. SUBMITTER

a. NAME (Last, First, Middle Initial)

Beck, Larry

b. ORGANIZATION

Logicon Geodynamics, Inc.

c. ADDRESS (Include Zip Code)

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d. TELEPHONE (Include Area Code)

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(2) AUTOVON

7. DATE SUBMITTED (YYMMDD)

970514

8. PREPARING ACTIVITY

National Imagery and Mapping Agency

a. NAME

Danny Rajan

b. TELEPHONE (Include Area Code)

(1) Commercial (301) 277-3554 (2) AUTOVON

c. ADDRESS (Include Zip Code)

SEII
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IF YOU DO NOT RECEIVE A REPLY WITHIN 45 DAYS, CONTACT:

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5203 Leesburg Pike, Suite 1403, Falls Church, VA 22041-3466
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